

**Privacy Act Release Form**  
**American Embassy Yaounde**  
**Consular Section**  
**P.O. Box 817 - Yaounde, Cameroon**

In accordance with the Privacy Act (PL 93-579) passed by the Congress in 1974, the Consular Office cannot release any information regarding you that is not considered to be in the public domain to anyone without your written consent except as set forth in the Act. Therefore, it is requested that you complete the authorization below specifying to whom the Consulate may release information with regard to your case.

**AUTHORIZATION FOR THE RELEASE OF INFORMATION UNDER THE PRIVACY ACT**

I, \_\_\_\_\_ do hereby authorize the Embassy of the United States of America at Yaounde, Cameroon, and the Department of State to release information regarding my welfare and whereabouts to the following:

A. **NAMES AND ADDRESSES OF PERSON(S) YOU WISH THE CONSULATE TO CONTACT:**

_____	_____	_____
Name	Address	Emergency Phone
_____	_____	_____
Name	Address	Emergency Phone
_____	_____	_____
Name	Address	Emergency Phone

B. **IN THE EVENT OTHER PERSONS REQUEST INFORMATION REGARDING MY CASE, INFORMATION MAY BE RELEASED TO THE FOLLOWING:**

_____ YES	_____ NO	FAMILY (OTHER THAN THOSE LISTED UNDER ITEM A)
_____ YES	_____ NO	MEMBERS OF THE PRESS
_____ YES	_____ NO	INDIVIDUAL MEMBERS OF CONGRESS
_____ YES	_____ NO	LEGAL REPRESENTATIVE
_____ YES	_____ NO	MEDICAL PROFESSIONAL
_____ YES	_____ NO	GENERAL PUBLIC

Information can only be released under item B as requested and if we have your authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date and Place